



Declaration and Power of Attorney For Patent Application English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

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				which is mater Regulations, §	rial to the exami §1.56(a).	ination of	this applic	ation
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Prior Foreign Application(s) Priority Clair						ority Claim	ned	
None] [7
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(Numbe	er)	(Country)	(Day/N	Month/Year Filed	i)	Ye] [s	No No

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Form PTO-FB-110 (8-83)

Patent and Trademark Office-U.S. DEPARTMENT OF COMMERCE

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
atements made on information and ere made with the knowledge tha y fine or imprisonment, or both, un	d belief are believed to be it willful false statements der Section 1001 of Title	own knowledge are true and that all true; and further that these statements and the like so made are punishable 18 of the United States Code and that the application or any patent issued
osecute this application and transact harles A. Laff (19787); J. Warren White tern (28911); Bernard L. Kleinke (2212	all business in the Patent a esel (16830); Robert F.I. Cor 23); Louis Altman (19373); E	the following attorney(s) and/or agent(s) and Trademark Office connected therewith (20354); Larry L. Saret (27674); Martin Barry W. Sufrin (27398); Marshall W. Sutko P. Gilly (37630); Kevin C. Trock (37745); and
end Correspondence to: LAFF, WHITES	EL, CONTE & SARET, LTD., 4	101 North Michigan Avenue, Chicago, Illino
irect Telephone Calls to: Larry telephone No. (312) 661-2100.	L. Saret	·
Full name of sole or first inventor Scott Haugh		4/15/96
Inventor's signature Hayy		Date
Residence 829 South St. Citizenship	Lock Bort IL	60441
United States Of America		F
Post Office Address		
Full come of consedicited investor if one		
Full name of second joint inventor, if any	Jone	
Second Inventor's signature		Date
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Declaration and Power of Attorney For Patent Application English Language Declaration

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As a below named inventor, I hereby declare that:

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Application S	Serial No		
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nduding the da	ims, as amended	and understand the contents of the above by any amendment referred to above information which is material to the exact of Federal Regulations, §1.56(a).	
I acknowledge the classification of the classification (s) for the classifi	ne duty to disclose with Title 37, Code foreign priority be or patent or invention for patent or invention for patent or invention for patent or invention.	information which is material to the exa	mination of this application Code, §119 of any foreign also identified below a
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and the national or PCT international filing date of this application:

States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
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telephone No. (312) 661-2100. Full name of sole or first inventor Scott Haugh	L. Saret	4/15/96
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telephone No. (312) 661-2100. Full name of sole or first inventor Scott Haugh Inventor's signature 829 South St. Citizenship United States Of America Post Office Address Full name of second joint inventor, if any		4/15/96 Date
telephone No. (312) 661-2100. Full name of sole or first inventor Scott Haugh Inventor's signature 829 South St. Citizenship United States Of America Post Office Address Full name of second joint inventor, if any Second Inventor's signature	Lock Rort IL	
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telephone No. (312) 661-2100. Full name of sole or first inventor Scott Haugh Inventor's signature Residence 829 South St. Citizenship United States Of America Post Office Address Full name of second joint inventor, if any Second Inventor's signature Residence Citizenship	Lock Rort IL	

(Supply similar information and signature for third and subsequent joint inventors.)

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Element of Atlanta

	or Patentee: Scott Haugh	Attorney's
	Patent No:	Docket No: 1300-112
Filed or Iss	sucd: herewith	
For: FE	T BES WITH REMOVABLE BOLSTER	
MAIL A	VERIFIED STATEMENT (DECLARATIO ENTITY STATUS (37 CFR 1.9	- -
I. I hereby	Adebare that I am making this verified statement to sup	nort a claim by Flexi-Mat Corporation
	for small entity status for numoses of	paying reduced fees under section 41(a) and (b)
	35, United States Code, with regard to the invention en	
,	ntor(s) Scott Haugh	
describe		
	specification filed herewith	
	lication serial No, filed	
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II I hereb	by declare that I am:	
	The above-named inventor and qualify as an independ	ent inventor as defined in 37 CFR 1.9(c).
	I have not assigned, granted, conveyed or licensed argrant, convey or license, any rights in the invention to independent inventor under 37 CFR 1.9(c) if that per which would not qualify as a small business concern under 37 CFR 1.9(e).	o any person who could not be classified as an son had made the invention, or to any concern
() B.	A non-inventor making this verified statement to supp declare that I would qualify as an independent invento	
() C.	An official empowered to act on behalf of a nonprofit identified below: NAME OF ORGANIZATION	
	ADDRESS OF ORGANIZATION	
	TYPE OF ORGANIZATION:	
	() UNIVERSITY OR OTHER INSTITUTION OF CONTROL OF STATE () TAX EXEMPT UNDER INTERNAL REVENUE 501(c) (3)) () NONPROFIT SCIENTIFIC OR EDUCATION UNITED STATES OF AMERICA (NAME OF STATE () (CITATION OF STATUTE	SERVICE CODE (26 USC 501(a) and AL UNDER STATUTE OF STATE OF THE
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(x) D.	An owner or offici below:	al of a small business co	ucem empowered to act	on behalf of the concern iden	tified
	NAME OF CONCE	RN Flexi-Mat C	experation :	•	
	ADDRESS OF CO		Western Avenue		
		Chicago, IL			
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	ORGANIZATION_	President ************************************		Section of the sectio	14 0
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